



COUNTY BOROUGH OF DUDLEY  
EDUCATION COMMITTEE.

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ANNUAL REPORT  
ON THE  
MEDICAL INSPECTION  
AND  
TREATMENT  
OF  
SCHOOL CHILDREN

1924.

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*School Medical Officer.*

# The Annual Report of the School Medical Officer for the Year 1924.

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Mr. Chairman, Miss Frood, and Gentlemen,

I present herewith my THIRD ANNUAL REPORT on the work accomplished by the School Medical Service of the Borough during the year 1924.

The Tables at the end of this Report have been drawn up in accordance with the Board of Education Circular (1321), issued in December, 1923, and they are an accurate record of the work done. The compilation of these Tables has been an easy matter, since an accurate record of every Clinic and School Inspection is made on separate forms or in book form in accordance with the Board's Circular. These are totalled up at the end of each month, with a grand total of the twelve months' work at the end of the year.

## STAFF.

The average number of children attending the Elementary Schools in Dudley during 1924 was 9,823.

The School Medical Staff comprises:—

Dr. P. Stanley Blaker, M.R.C.P. (London), M.R.C.S. (England), D.P.H. (London), Medical Officer of Health and School Medical Officer.

Dr. Austin Furniss, L.R.C.P. & S. (Edinburgh), L.F.P. & S. (Glasgow), D.P.H. (Manchester), L.D.S. (Manchester), Assistant Medical Officer of Health and Assistant School Medical Officer.

Ophthalmic Surgeon: Dr. St. Clair Roberts.

Dental Surgeons: Mr. Frank Morris, L.D.S. ; Mr. Gregory Bell, L.D.S.

School Nurses: Nurse Muirhead ; Nurse Darby.

Lady Clerks: Miss Tomlinson and Miss Bradley ; who also assist with the Public Health work.

The only change in the Staff during the year has been the appointment of Nurse Darby, who has replaced Nurse Briscoe.

## Scope of Work.

Routine Medical Inspections are made at the Schools of children of the three age groups, *viz.*—Entrants, Intermediates and Leavers. Special Inspections are made mostly at the School Clinics, but a fair number are made at Schools. Defects found at these Inspections are either treated at the School Clinics or referred to private practitioners or the Hospital for treatment. Similarly, Dental Inspections are made at the Schools, beginning with children of six years of age or under. Dental defects are treated at the Clinic. Visual defects are treated by the School Ophthalmic Surgeon.

The School Nurses visit the Schools for conditions of cleanliness, and also visit the homes in "Following up" cases.

## Co-operation.

Co-operation is closely maintained with the Maternity and Child Welfare work of the Borough—all Clinics for the two Departments being held in the same buildings and by the same Medical Officers. Parental concern in many cases is pitifully lacking—especially in chronic cases of skin, eye and ear diseases. Hitherto legal measures have not been adopted in any case, but experience has demonstrated that neglect and indifference in the care of children are shown over and over again by the same parents. I feel that the time has come now that these chronic offenders should be sternly dealt with when the cases are reported.

The work of the year 1924 has added to my conviction of the enormous amount of help that can be given by the School Teachers—I would, unhesitatingly, add that the teachers' co-operation in the School Medical work is second to none in importance. If the teachers are with us (the Medical Staff) then the School Medical work will be a success, and to emphasise my belief I will quote what I wrote last year with reference to this subject:—

"I am convinced that every Teacher in a School, and especially the Head, can help enormously in the successful working of the School Medical Service. It should be a personal concern of the Class Teacher to see that the children under his or her care are in good health. A timely observance may prevent infection spreading through the school. The teachers' co-operation in the prevention of unclean conditions and the treatment of skin diseases, chronic ear discharges and eye infections, should be invaluable, and last but not least, their interest and earnest help in the treatment of dental defects. More than half the children in each class have bad teeth, and yet only a very few of them ever get any treatment."

This year (1925) a full-time Dental Surgeon is to be appointed, and I ask all the teachers to see that he is kept busy.

Let me, therefore, appeal to all the Educational Staff in our Elementary Schools to give the School Medical Service that hearty co-operation, which, I am convinced, will make the work an unqualified success. After all, it is a good work and in the interests of the children.

During the year 35 cases were referred by me to the Inspector of the N.S.P.C.C. I have had the hearty co-operation of this Society, and the help received from Mr. Bowden, the Inspector, has been of very great practical use in the work of the School Medical Service. No legal proceedings have been taken by this Society in connection with the School work. For the most part a visit from the Inspector has resulted favourably.

The following cases were reported to the N.S.P.C.C.:—

For unclean conditions	...	...	31
For failing to get treatment	...	...	4

### **Public Health and Education.**

A special Memorandum on this subject was issued by the Board's Chief Medical Officer during the year under review. The subject is of very great importance, because there is no doubt that the most effective way of preventing disease is by educating the public to understand more about all subjects pertaining to health. If the subject is only dealt with in a casual sort of way in the Schools, then it is not taken seriously and very little progress is made. In my opinion Public Health teaching should form a definite and integral part of the School curriculum. At all events, I trust that during the ensuing year some definite effort will be made in Health propaganda. There can be no doubt whatever that in this matter we ought to begin with the young.

### **Following-up.**

In Dudley we have no local voluntary organisation in connection with the School Medical work, and with only two School Nurses working in a school population of nearly 10,000 children, it has been difficult to allocate much of their time to this work. However, by the appointment of a Dental Nurse in 1925, it will be possible to allocate more time to this branch of the work. Nevertheless during the year 714 visits to homes were made by the two Nurses.

My colleague, Dr. Furniss, devotes two half-days a week to this special work. The cases visited are children who have failed to attend the Clinic or who have been specially reported as having been absent from school owing to illness. In this way there are many children suffering from chronic defects, such as Heart Disease, Tuberculosis contacts, Cripples, etc., who have been kept under observation for three or four years.

## The Pre-School Child.

At present our only means of keeping a watch on the child of pre-school age is the Maternity and Child Welfare Centre. But even this hold is considerably loosened when a newcomer makes his appearance in the family and the child of two to five years of age is allowed then, for the most part, to take care of himself.

It is during this period (two to five years) that a large number of them contract Measles, Scarlet Fever and Whooping Cough, which, aided and abetted by poverty, neglect and slumdom, often leave the child a legacy in some form of more or less serious physical defect. Time and again at the Clinic one hears of "running ears" (Otorrhoea) or chronic inflammation of the eyes and other conditions as having dated from one or other form of infectious disease. These conditions are preventable to a very great extent.

## Medical Inspection.

Routine Medical Inspections are carried out on four mornings in the week by Dr. Furniss. The total number of children thus examined during 1924 was 3,484. This figure is made up as follows:

Entrants	...	...	...	1,228
Intermediates	...	...	...	1,158
Leavers	...	...	...	1,098

The total is only 28 more than in 1923, but 153 more than in 1922. Every Elementary School in Dudley was visited at least twice during the year for Routine Medical Inspection.

The number of "Special Inspections" made during the year was 1,463; 76 more than in 1923.

By a "Special Inspection" is meant the examination of a child (at the School or Clinic) at any other time than when it is actually due for a Routine Medical examination, which is three times during its school life. The number of Re-inspections made totalled 6,440.

The defects found at both these Inspections are enumerated on Table II. at the end of this Report. The following are, however, the principal defects found:—

	Routine	Special
Conditions of Uncleanliness (Head and Body)	...	...
Eye Diseases	...	...
Defective Vision and Squint	...	...
Nose and Throat	...	...
Ear Diseases	...	...
Skin Diseases	...	...
Ringworm of Head and Body	...	...
Heart and Lungs	...	...

## Uncleanliness.

Very few bad cases are found at Routine Inspections, the reason being that most children are specially prepared by the mothers for this examination. Those seen at the Special Inspections are the result of the Nurses' examinations at Schools, and the figure (100) only represents the very bad cases.

During the year the two School Nurses made altogether 50,975 examinations at the Schools—every School being visited on an average 6.76 times during the year. 1,600 were found to have dirty heads, and 178 were suffering from Skin diseases, chiefly Impetigo. The more often these School Inspections are carried out by the Nurses, the better will the results be. As usual, the same children are repeatedly found to be the offenders, and altogether 31 cases of uncleanliness had to be reported to the Inspector of the N.S.P.C.C. In no case were legal proceedings necessary.

Verminous conditions of Head and Body are a most prolific cause of septic skin diseases, glandular enlargements and abscesses. With cleaner heads and bodies we should see fewer cases of this kind. But when one sees the home conditions under which a great number of these children live, is it any wonder that they become infested with vermin? It would, indeed, be a wonder if they did not.

Can any measures be adopted to minimise infection with vermin? First, in this matter I feel that the teachers can do a great deal; no child with a dirty head should be allowed in a class, and really it is not a difficult matter to detect such heads. It is only by constantly bringing such children to the notice of the Nurse that improvement will result.

Secondly, parents whose children are repeatedly being found unclean should be prosecuted and a *substantial* penalty inflicted. Publicity of this measure would soon have a wholesome effect.

Thirdly, girls in the Elementary Schools should keep their hair "bobbed" short, or if not "bobbed" at least braided into two plaits. The reason for this is quite obvious. In every sudden movement of the head the hair, if loose and long, is switched round, and should that head be verminous, then the possibility of infecting the girls on either side is increased, and especially if the girls on either side happen likewise to have a lot of long loose hair ready to receive what is being gratuitously given. So that from the point of view of "donor" and "recipient" it is better to keep the hair short or at least braided. Besides, short hair is so much easier to keep clean.

Was it not for this reason that many girls "bobbed" their hair while on active service during the Great War?

I would strongly recommend all parents to consider this advice.

I append herewith a table showing the work done in this connection by the two Nurses.

**SCHOOL NURSES' REPORT FOR THE YEAR 1924.**

Month	Number of Children examined	Number of Children found to be unclean	Number of Children found with skin disease	Number of Children excluded from School	Number of visits to Homes	Number of attendances	
						School	at — Sch. Clinic
January .....	4646	118	18	—	79	27	35
February .....	5373	151	15	—	67	59	40
March .....	4370	124	10	—	48	29	36
April .....	798	39	—	—	34	9	23
May .....	5312	145	14	—	43	57	40
June .....	4507	135	32	—	60	40	27
July .....	4998	267	18	—	42	70	41
August .....	2379	114	4	—	26	17	23
September .....	370	29	—	—	70	4	14
October .....	6843	308	33	—	99	33	40
November .....	5730	87	20	—	79	65	36
December .....	5649	83	14	—	67	52	25
<b>TOTAL .....</b>	<b>50975</b>	<b>1600</b>	<b>178</b>	<b>—</b>	<b>714</b>	<b>462</b>	<b>380</b>

## **Infectious Diseases.**

During the year it was not found necessary to close any School or Department on account of Infectious Disease. There was no epidemic of any kind.

It might be stated here that, owing to the practice in Dudley of treating cases of Scarlet Fever and Diphtheria at their own homes, exclusion from School of all children in the house for a period of six weeks is enforced. During the year the total number of attendances lost owing to the exclusion of *contacts* was 4,740. Of course, with removal of the patient from the house, this figure would be reduced to a minimum which would be, in Scarlet Fever, one week, and in the case of Diphtheria, less than a week, instead of six weeks.

## **Medical Treatment.**

The treatment of all minor ailments is carried out at three Centres in the Borough. These Centres are:—

“The Firs,” Dudley—Monday, Wednesday and Thursday afternoons.

Public Hall, Netherton—Friday afternoons.

Free Library, Holly Hall—Monday afternoons.

All these Clinics are presided over by one or other of the two doctors. The total number of attendances at these three Clinics during 1924 were 7,903, and the number of defects treated were 1,244: 1,181 at the School Clinics and 63 either at the Hospital or by a private doctor. A tabulated statement of these defects will be found in Table IV. of this Report.

Now a word or two with regard to some of the more prevalent defects treated at the Clinics:—

### **Ringworm.**

When this disease affects any part of the body apart from the Scalp, the treatment is easy and the cure quick. When it, however, attacks the Scalp, then the story is quite a different one.

Ringworm is essentially a disease to be found for the most part amongst the poor who live in dirty surroundings, dirty clothes, and who are less familiar with the beneficial results of soap and water. Such parents are often neglectful and indifferent. Perhaps they are not altogether to blame. It is, however, essential to bear these facts in mind when considering the form of treatment for the cure of this disease and to remember that infection is spread from such patients to the better cared-for children in the Schools.

Broadly speaking, there are only two forms of treatment for this disease—one is by the use of drugs as applications, and the other by exposing the affected part (only) to the X-Rays.

Given good home conditions and a diligent, per severing mother, then drug treatment would stand an infinitely better chance.

Similarly one could hope for better and more rapid results if it were possible with a bigger staff of nurses to hold a daily Clinic for all these cases of ringworm. I have tried treating these cases with Calomel and Iodine, as recommended by Dr. Robertson, of Blackburn, but not with the good results he maintains. Perhaps the reason of my failure has been that I have not been able to treat every case at the Clinic daily. The other method of treatment is by means of exposing the affected part of the head to the X-Rays. During the year the question of adopting this method of treatment was considered by the Committee, but no decision on the matter was made.

So we are doing our best under the circumstances to treat the cases at the Clinic by local applications.

### **Stammering.**

There are 58 children in the Elementary Schools who are afflicted with this form of defective speech, and they are all over eight years of age.

The majority of these children could be permanently cured if they were treated by a trained teacher. At a small cost a suitable teacher can be trained in this particular branch of remedial work.

Stammering is a big handicap to man or woman when seeking employment. Surely in these days such a disadvantage should be remedied, especially if the cost incurred is not heavy. Apart from the economic aspect think how much happier the child would be and how much unnecessary misery it would be saved in later life. In many instances it must make all the difference in the world for a boy or girl in obtaining a good position in later life. I commend the matter to your consideration.

### **Diseases of the Eye and Ear.**

For the treatment of these two defects, Wednesday afternoon has been specially set aside and most of these cases attend on that day. Both these conditions become chronic from neglect. If all such cases are treated properly and carefully when the disease first appears, then there would be very few chronic cases indeed—they are both amenable to treatment. The history of many of these cases of discharging ears is of long standing, beginning during the pre-school age as a result of Measles or Scarlet Fever. They are, of perhaps, five, six or seven years' duration, or longer. It is a disease attended by very serious complications and may terminate in death from involvement of the brain or blood poisoning. Discharging ears should never be allowed to continue without proper treatment and the treatment persisted in until a cure is affected.

For neglecting to carry out proper treatment, four such cases had to be reported to the Inspector of the N.S.P.C.C.

### **Tuberculosis.**

During the year 14 cases were notified on Form "B" and there were 8 cases of School age notified on Form "A" by the Tuberculosis officer or private practitioner. This makes a total of 22 cases. In 5 of these cases the lungs were affected and in the remainder the parts involved were glands and skin. All these cases have been under the care of the Tuberculosis Officer. Four cases from the Dudley Schools were sent by him to the Himley Sanatorium during 1924.

### **Contacts.**

All children with a family history of Tuberculosis and who have been living with Tuberculosis patients are kept under observation and they are carefully re-examined from time to time during the year. Such cases have special cards made out for them and marked "Contact."

### **Dental Treatment.**

Throughout the year two part-time Dental Surgeons have worked the Dental Department of the School Medical Service—each devoting two half-days a week. The scheme of the Board of Education was carried out, which meant that children 5, 6, 7 and 8 years of age were inspected at the Schools by the Dental Surgeons and those found with defects were referred to the Clinics at "The Firs" and at Netherton, for treatment.

Altogether 3,825 children were inspected, of which number 2,058 were found to require treatment. 1,271 children were actually treated, including 309 "Special" cases, *i.e.*, children who came up to the Clinic for treatment apart from the Routine Inspections at Schools. The total number of attendances at the Clinics were 1,566.

The Netherton Clinic was opened in October last. This is a great step forward. As the distance to the Dudley Clinic at "The Firs" is so great, comparatively few children were brought for treatment from Netherton. The establishment of this Clinic at the latter place will make an enormous difference in the number of attendances.

A further development in this direction has been the sanction by the Committee of a full-time Dental Surgeon and Dental Nurse, who will begin their duties at the beginning of the next financial year. I hope by the help of the Dental Surgeon and Nurse and propaganda to bring home to the parents of school children the very great importance of looking after the welfare of the teeth as essential to the general good health of the child.

## Defective Vision.

Dr. St. Clair Roberts, the Ophthalmic Surgeon on the staff of the Guest Hospital and Dudley Eye Infirmary, carries out this special work in connection with the Elementary Schools. In 1924 249 cases were subjected to refraction, and spectacles were prescribed for 126 children. In 123 cases glasses were not necessary.

This number does not represent all the School children who have been treated for Defective Vision. I am informed by Dr. Roberts that many children are seen by him at the Guest Hospital. It is not easy to trace these children as they attend the Hospital without the knowledge of the School Medical Officer.

Every one of the children for whom glasses are prescribed are rigorously followed up till glasses are obtained.

Most of the parents pay cost price for these spectacles, and the others pay something towards the cost, the balance being made up from money received from the Sports Fund.

## Enlargement of Thyroid Gland.

During the year 18 children were encountered at Routine Inspections and at the Clinics suffering from enlargement of the Thyroid Gland.

They come under the following headings:—

1 Male. 17 Females.

### Age Groups:

16 years	...	1	12 years	...	4
15 years	...	1	10 years	...	2
14 years	...	4	8 years	...	1
13 years	...	5			

### Size of Enlargement:

X (Slight)	...	9
X X (Moderate)	...	7
X X X (Marked)	...	2

In all the cases the enlargement was general and uniform, of the parenchymatous variety.

In no case did the enlargement give rise to any untoward symptoms, either of a local or general nature.

## Open-Air Education.

The arrangements made by the Committee with the Worcestershire Education Committee for receiving six suitable cases every three months during three quarters in the year was still in operation during 1924.

Altogether 18 children were sent to Malvern Open Air School—9 boys and 9 girls. All these children benefited by the change, most of them considerably.

Every child is most carefully watched and seen by myself once a week for six weeks before they leave Dudley for Malvern, and they are again seen and examined on their return.

The expenditure by the Dudley Education Committee under this head was £157 1s. 1d.

Towards the end of the year the Chairman of the School Medical Service Sub-Committee (Alderman Adshead), the Director of Education and myself paid a visit to the School. We were all very pleased and perfectly satisfied with what we saw. The children live on entirely open-air lines—they are well fed and cared for, and they all looked wonderfully well.

### **Dudley Children's Convalescent Aid Society.**

This Society of which Mr. E. C. Lewis is the Secretary does a great deal of good work in Dudley.

The following children were dealt with by this Society:—

71 children were dealt with altogether, 70 of them being children attending the Dudley Elementary Schools.

36 were sent to Moseley Hall Convalescent Home.

6 „ „ the Orthopædic and Spinal Hospital, Birmingham.

2 „ „ Middlemore Homes.

1 was sent to Kinver.

1 „ „ Ear and Throat Hospital Birmingham.

2 were adopted.

1 using Spinal Chair.

1 waiting on account of infection in home.

2 developed Tuberculosis and were sent to Dr. Lilley.

16 refused assistance.

3 were assisted with clothing and boots.

It gives me very great pleasure to again testify to the very great assistance given to me by Mr. Lewis. We have been in close touch with each other all through the year and the parents of the children owe him a very great debt of gratitude. As the Education Committee can only send 18 cases to Malvern (an insignificant number when dealing with over 9 000 children) during the whole year, Mr. Lewis' contribution of 36 cases to Moseley and 35 otherwise assisted is truly an enormous help and worthy of practical appreciation by the Education Committee.

I again commend this Society to the Education Authorities for an increased contribution this year. I know of no organisation more economically administered and yet deriving from that minimum expenditure a maximum amount of good. Last year a donation of £10 10s. od. was made to this Society.

### **Provision of Meals.**

The provision of free breakfasts, which consisted of bread, cocoa, margarine or jam, was discontinued on the 10th May, 1924. During the period January to May, 4321 meals were supplied at a cost of a little over a penny per meal. The total outlay during the year was £38 9s. 9d.

## **BLIND, DEAF, MENTALLY DEFECTIVE AND EPILEPTICS.**

### **Blind.**

Two children (one boy and one girl) are at the present time resident in the Birmingham Institution for the Blind. The boy is totally blind and the girl nearly so. The cost to the Education Committee for both children is £163 os. od. a year. Towards this amount the parents of the two children contribute a total of £22. Arrangements are being made at the present time for the admission to the same Institution, as soon as vacancies occur, of the other boy shown as totally blind and one boy and one girl shown as suitable for training in a School for the partially blind.

### **Deaf.**

At the Higher Elementary School in Dudley a special class is held for the Deaf. Here children are also received from Authorities outside the Borough. Nine children from the Borough are being taught in this School. Two special teachers devote themselves to this work.

### **Mentally Defective.**

There are, at the present time, 39 children (16 boys and 23 girls) who are Mentally Deficient, but who are Educable. Two of these children, one boy and one girl, have been in a Residential School outside the Borough; the boy, having twice absconded from the Institution, was discharged as unsuitable. He is now under supervision in Dudley. Thirty-three children are attending Elementary Schools, and four are not at any School or Institution.

The question of providing special education for all these children is at the present moment engaging the attention of the Local Authority, and it is hoped that some suitable scheme will be evolved in the near future.

### **Uneducable Children.**

During the year five children (four boys and one girl) were notified to the Local Control Authority. All these cases have been kept under close observation, and as no improvement was noted in any of them they were certified as uneducable.

### **Epileptic Children.**

There are ten children suffering from Epilepsy. Four girls are suffering from a mild form of the complaint, two of whom are attending the Elementary Schools. Two boys and four girls are not at School as they are suffering from an aggravated form of Epilepsy.

### **Training College.**

During the year the lady students from the Training College visited the School and the Maternity and Child Welfare Clinics. By arrangement, two students visited at each session and saw the working of the two Clinics and were given little talks on the nature of the cases by the doctors and nurses. Special stress was laid on such common (and sometimes serious) conditions as verminous heads, ear discharges, diseases of the eye-lids and defective vision.

These attendances at the Clinic are of real practical good, and should compulsorily form a part of the curriculum at all Training Colleges. As I said in an earlier part of this Report, I am convinced that no one can give more real and active co-operation in the School Medical work than the Class Teachers. Therefore, it is essential that these young Teachers should have some practical knowledge of the types of diseases and the ill effects and dangers that may follow them. In the same way, I feel, that nothing but good can come from the attendances of these students at the Maternity and Child Welfare Clinics.

### **COST OF THE SCHOOL MEDICAL SERVICE.**

The total cost to the Local Education Authority for the work carried out by the School Medical Department during the year ended December, 1924, was £1,821 1s. 8d. The parents' contributions towards this sum being £38 14s. 8d., as fees for minor ailments and dental treatment.

In conclusion, I beg to thank the Chairman (Alderman James Smellie) and Members of the Education Committee, the Chairman (Alderman T. W. Adshead) and Members of the School Medical Service Sub-Committee, for their help in the School Medical work of the Borough. Mr. Whaley, the Director of Education, has always been of great assistance to me, and I am indeed very grateful to him for this. Together we have worked in perfect and harmonious

co-ordination and much of the development of the School Medical work during the year has been due to his cordial and sympathetic co-operation. Dr. Austin Furniss has worked with great keenness and has helped me very much. Dr. St. Clair Roberts, the Ophthalmic Surgeon, has devoted a great deal of his time and vast experience to the work of the Schools, and Mr. Morris and Mr. Bell, the two Dental Surgeons, have carried out their duties in a thorough and conscientious manner, and I thank them all for their help. Nurse Muirhead and Nurse Darby, the two School Nurses, have worked hard during the year and I appreciate their zeal and keenness. They have aided much in the development and consolidation of the work. My two lady clerks have had an increasing amount of work to do, and this they have done with great willingness and interest.

The co-operation of one and all has contributed much to the good work done. I thank all.

I am,

Miss Frood and Gentlemen,

Your Obedient Servant,

P. STANLEY BLAKER,

*School Medical Officer and*

*Medical Officer of Health.*

TABLE I.

## RETURN OF MEDICAL INSPECTIONS.

#### A.—ROUTINE MEDICAL INSPECTIONS.

#### Number of Code Group Inspections:

Entrants	...	...	...	...	...	...	1,228
Intermediates	...	...	...	...	...	...	1,158
Leavers	...	...	...	...	...	...	1,098
							3,484

Number of Special Inspections	...	...	...	...	1,463
Number of Re-inspections	...	...	...	...	6,440
TOTAL	...	...	...	...	7,903

**B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

GROUP (1)	NUMBER OF CHILDREN.		Percentage of children found to require treatment (4)
	Inspected (2)	Found to require Treatment (3)	
Code Groups:—			
Entrants .....	1228	159	15.88
Intermediates .....	1158	123	10.62
Leavers .....	1098	97	8.83
TOTAL (Code Groups)	3484	379	—
Other Routine Inspections	37	6	—

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended December 31st, 1924.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS.	
	No. for Treatment.	No. for Observation	No. for Treatment.	No. for Observation
Malnutrition .....	6	—	25	—
Uncleanliness: Head .....	4	—	97	—
Body .....	—	—	3	—
Ringworm: Head .....	3	—	—	—
Body .....	2	—	37	—
SKIN:				
Scabies .....	6	—	14	—
Impetigo .....	28	—	213	—
Other Diseases (non-tubercular) .....	5	—	87	—
EYE:				
Blepharitis .....	35	—	39	—
Conjunctivitis .....	11	—	60	—
Keratitis .....	—	—	3	—
Corneal Ulcer .....	—	—	—	—
Corneal Opacities .....	—	—	—	—
Defective Vision .....	1	—	—	—
Squint .....	52	—	124	—
Other Conditions .....	25	—	48	—
	4	—	9	—
EARS:				
Defective Hearing .....	2	—	19	—
Otitis Media .....	16	—	40	—
Other Ear Diseases .....	—	—	8	—



## TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
<b>Blind</b> (including partially blind).	1. Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind..... Attending Public Elementary Schools .....	1	1	2
		At other Institutions .....	—	—	—
<b>Deaf</b> (including Deaf and Dumb and partially deaf)	2. Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind .....	—	—	—
		Attending Public Elementary Schools .....	2	4	6
<b>Mentally Defective.</b>	1. Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the deaf..... Attending Public Elementary Schools .....	4	5	9
		At other Institutions..... At no School or Institution...	—	—	—
<b>Epileptics.</b>	Feeble-minded (cases not notified to the Local Control Authority).	Attending Certified Schools for Mentally Defective children .....	1	1	2
		Attending Public Elementary Schools .....	13	29	42
	Notified to the Local Control Authority during the year.	At other Institutions .....	—	—	—
		At no School or Institution...	2	2	4
	Suffering from severe Epilepsy	Feeble-minded .....	1	—	1
		Imbeciles .....	2	1	3
	Suffering from Epilepsy which is not severe.	Idiots .....	1	—	1
		Attending Certified Special Schools for Epileptics.....	—	—	—
		In Institutions other than Certified Special Schools...	—	—	—
		Attending Public Elementary Schools .....	—	—	—
		At no School or Institution...	2	4	6
		Attending Public Elementary Schools .....	—	2	2
		At no School or Institution...	—	2	2

TABLE III.—*continued.*

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
<b>Physically Defective.</b>	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	1	—	1
		At other Institutions .....	2	2	4
		At no School or Institution...	—	—	—
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	—	—	—
		At Certified Residential Open-Air School .....	—	—	—
		At Certified Day Open-Air School .....	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions .....	2	1	3
		At no School or Institution...	1	1	2
	Delicate Children (pre- or latent Tuberculosis, malnutrition, debility, anaemia, etc.).	At Certified Residential Open-Air Schools .....	9	9	18
		At Certified Day Open-Air Schools .....	—	—	—
		At Public Elementary Schools	22	7	29
		At other Institutions .....	17	20	37*
		At no School or Institution ...	—	—	—
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	—	—	—
		At Public Elementary Schools	3	4	7
		At no School or Institution ...	1	—	1
	Crippled children (other than those with active Tuberculous disease) <i>e.g.</i> children suffering from Paralysis, etc., and including those with severe Heart Disease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools .....	—	—	—
		At Certified Day Cripple Schools .....	—	—	—
		At Public Elementary Schools	30	22	52
		At other Institutions .....	—	—	—
		At no Schools or Institution...	—	1	1

\*Sent to Convalescent Home for five to six weeks.

**TABLE IV.**

Return of Defects treated during the Year ended December 31st.

**TREATMENT TABLE.**

## GROUP I.—MINOR AILMENTS.

(excluding Uncleanliness, for which see Group V.)

DISEASE OR DEFECT. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN:			
Ringworm Scalp .....	37	—	37
Ringworm Body .....	28	—	28
Scabies .....	14	—	14
Impetigo .....	213	—	213
Other Skin Disease .....	84	3	87
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II): .....	110	2	112
MINOR EAR DEFECTS .....	64	3	67
MISCELLANEOUS .....	631	55	686
TOTAL .....	1181	63	1244

**TABLE IV.—continued.**

GROUP II.—DEFECTIVE VISION AND SQUINT.  
(excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	NUMBER OF DEFECTS DEALT WITH.				Total.
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	(5)	
(1)	(2)	(3)	(4)	(5)	
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report). ....	249	—	—	—	249
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ....	—	—	—	—	—
<b>TOTAL</b> ....	<b>249</b>	—	—	—	<b>249</b>

**Total Number of Children for whom Spectacles were prescribed—**

(a) Under the Authority's Scheme	...	...	126
(b) Otherwise	...	...	Nil.

**Total Number of Children who obtained or received Spectacles—**

(a) Under the Authority's Scheme	...	...	...	126
(b) Otherwise	...	...	...	Nil.

**GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.**

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.				
Under the Authority's Scheme, in Clinic or Hospital. (see Note b). (1)	By private practitioner or Hospital apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of treatment. (4)	Total number treated. (5)
3	48	51	95	146

## GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:

(a) Inspected by the Dentist:

Aged:	5	...	...	1304
	6	...	...	1111
	7	...	...	1104
	8	...	...	306
	9			
			TOTAL	3825

Routine Age Groups:

10  
11  
12  
13  
14

Specials	...	...	...	309
			GRAND TOTAL	4134

(b) Found to require treatment ... ... ... 2058

(c) Actually treated ... ... ... 1271

(d) Re-treated during the year as the result of periodical examination ... ... ... 37

(2) Half-days devoted to { Inspection ... 29 } Total 143  
Treatment ... 114 }

(3) Attendances made by children for treatment ... ... ... 1566

(4) Fillings ... { Permanent Teeth ... 210 } Total 301  
Temporary Teeth ... 91 }(5) Extractions { Permanent Teeth ... 225 } Total 1979  
Temporary Teeth ... 1754 }

(6) Administrations of general anaesthetics for extractions ... 45

(7) Other Operations { Permanent Teeth ... } Total 238  
Temporary Teeth ... }

## GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of Visits per School made during the year by School Nurses ... ... ... ... 6.76

(2) Total number of examinations of children in the Schools by School Nurses ... ... ... ... 50,975

(3) Number of individual children found unclean ... ... 1,600

(4) Number of individual children cleansed under arrangements made by the Local Education Authority ... ... 1,600

(5) Number of cases in which legal proceedings were taken:  
(a) Under the Education Act, 1921 ... ... Nil.  
(b) Under School Attendance Bye-Laws ... ... Nil.

## SECONDARY SCHOOLS AND CONTINUATION SCHOOLS.

### TABLE I.

#### A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections:

Entrants	...	...	...	...	...	10
Intermediates	...	...	...	...	...	25
Leavers	...	...	...	...	...	159
				TOTAL	...	194

#### B.—OTHER INSPECTIONS.

Number of Special Inspections     ...     ...     ...     Nil.

Number of Re-Inspections     ...     ...     ...     36

### TABLE II.

#### RETURN OF DEFECTS FOUND.

DEFECTS OR DISEASE.	ROUTINE INSPECTIONS.	
	Number for Treatment.	Number for Observation.
Malnutrition ...	...	—
Eye Disease ...	...	—
Dental Caries	...	—
Nose and Throat	...	—
Circulatory Conditions	...	—
Chest Affections	...	—
Non-Pulmonary Tuberculosis	...	—
Deformities	...	—
Other Defects	...	—
TOTAL	...	62
		1





